



County & Eligibility Partners Touch Base

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COLORADO

Department of Health Care
Policy & Financing

Agenda

- Welcome
- MA LTC and Buy-In Eligibility Extension CPPM 9472
- MA Renewal VCL Process Update CPPM 9155
- Let's hear from you

CPPM 9472

MA LTC and Buy-In Eligibility Extension

Kathleen Seese | Eligibility Systems Analyst, HCPF

MA LTC and Buy-In Eligibility Extension Project

CBMS Project 9472 - originally planned for an August 10, 2024 release date

Expedited eligibility system change to apply a two month (60-day) eligibility extension to members that have been determined to have their benefits reduced or terminated in LTC or Buy-In categories of assistance

- Go-Live Delay
 - Due to short-term fixes still in place (Pending HDT, Reinstatement Overrides)
 - Cannot negatively impact these members
 - Cannot send out new notice
 - Allow time for predictive analytics to be completed to determine impact to this population when the short-term fixes are removed and the 9472 logic is live

Questions?



CPPM 9155

MA Renewal VCL Process Update

Ana Bordallo | Eligibility Policy Lead, HCPF
Gina Martinez | Eligibility Systems Analyst, HCPF

Purpose

The purpose for this project is to simplify and improve the Ex-Parte Renewal process for our members. Members will now be given more time to submit necessary verifications at renewal. This project will be implemented August 2024.

Current Ex-Parte Process

- Currently, the CBMS Renewal process for MA Programs attempt to automatically renew an individual's Medical Assistance coverage using their case information and other electronic sources. The ex-parte process consists of two steps: Step A and Step B.
- During Step A, CBMS checks for required verification. If income and resources information is missing, (eg. verifications, or if a member is ineligible) a Renewal Packet is generated.
- During Step B, CBMS checks the Date Verified fields on the 20th of the month prior to the Renewal due month to determine if a VCL needs to be sent for required verification that is needed to make an eligibility determination.

New Ex-Parte Process

- At Step A CBMS will now trigger a VCL at the beginning of the renewal process. CBMS will identify needed verifications and generate the VCL at the same time as the renewal packet.
- This means Step B will no longer occur, and the verification notice will no longer be sent on the 20th of the month prior to the Renewal due month.
- With this project, the renewal correspondence has been updated to include an explanatory cover letter. Members will receive a cover letter, their renewal packet, and a VCL when their renewal packet is sent out.
- The renewal packet and the VCL will have the same due date, the member will have more than 30 days to complete and return the renewal packet.

Renewal Correspondence Updates

- The new cover letter for the MA Renewal Verification Checklist (VCL) will be sent out with the Renewal Packet and is available in English and Spanish.
- The Renewal packet contents will be sent in the following order:
 - Slip Page
 - Blank Page
 - ***Renewal VCL Cover Letter***
 - MA Renewal Packet
 - ***Renewal VCL***

January 21, 2024

Case Number: XXXXXX

<HOH Name>

<Address>

Respond by: <5th of RRR due month>

It is time to renew your health coverage.

Dear <HOH Name>,

You must complete this paperwork to see if you still qualify for health coverage.

How to complete this renewal paperwork:

1. **Sign and send us the Renewal Form Signature Page**, even if you do not have any new information or changes to report.
2. **Review the current information** we have for all members of your household. Return any pages you update.
 - a. Correct any information that is wrong.
 - b. Add any information that is missing.
3. **Send the information requested** for each person in the **Request for More Information** pages.

When we need it:

Sign your renewal form signature page, and return it with any pages you update and information we requested by <5th of RRR due month>.

Questions?

If you need help or can't return the information by the due date, contact us. We may be able to give you extra time if you are having trouble getting the information or documents. Our contact information is on the next page under: **How Can I Submit My Renewal?**

[insert date]

Número de caso: XXXXXX

[insert name]

[insert address]

Responder antes del: [insert due date]

Es hora de renovar su cobertura médica.

Estimado/a [insert name]:

Debe realizar este trámite para verificar si todavía cumple con los requisitos para tener cobertura médica.

Para realizar este trámite de renovación, debe hacer lo siguiente:

1. **Firme y envíenos la página de firma del formulario de renovación**, incluso si no tiene ninguna información nueva que reportar o ningún cambio que informar.
2. **Revise la información actual que tenemos de todos los miembros de su hogar**. Asimismo, devuelva las páginas que haya actualizado.
 - a. Corrija cualquier información errónea.
 - b. Agregue cualquier información que falte.
3. **Envíe la información solicitada** para cada persona en las páginas de **solicitud de información adicional**.

Cuando lo necesitemos, debe hacer lo siguiente:

Firme la página de firma del formulario de renovación y devuélvala junto con las páginas que haya actualizado y la información que le hayamos solicitado **antes del [insert due date]**.

¿Tiene alguna pregunta?

Si necesita ayuda o no puede entregar la información antes de la fecha límite, póngase en contacto con nosotros. Podemos darle más tiempo en caso de que tenga problemas para obtener la información o los documentos solicitados. Puede encontrar nuestra información de contacto en la siguiente página: **¿Cómo puedo enviar mi renovación?**

Gracias,

Health First Colorado y Child Health Plan Plus (CHP+)

Questions?



Let's Hear From You



